

APPLICATION FOR MEDIA IDENTIFICATION CARD

PLEASE CHECK THE APPROPRIATE BOX BELOW

NEW APPLICATION FOR MEDIA IDENTIFICATION CARD		RENEWAL – PREVIOUS CARD #	
NAME			
ORGANIZATION			
ADDRESS			
EMAIL ADDRESS			
TELEPHONE			
LIST TUDE	E (3) OF YOUR MOST RECENT STORY	/ ASSIGNIMENTS (WITHIN DAST	SHTMOM VIS
	LOCATION		
DATE	LOCATION		 ,
ASSIGNMENT			
DATE	LOCATION		
ASSIGNMENT			
I certify I have read and will	abide by Local Rule 83.2 of the Unite	ed States District Court for the I	District of Vermont.
APPLICANT'S SIGNATURE		DATE	
	COURT U	SE ONLY	
APPROVED DENIED	REVIEWED BY		DATE
DATE ISSUED	EXPIRATION	ISSUED BY	ID#